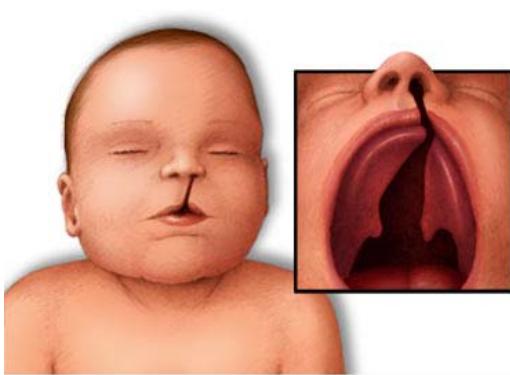


Cleft Lip and Cleft Palate

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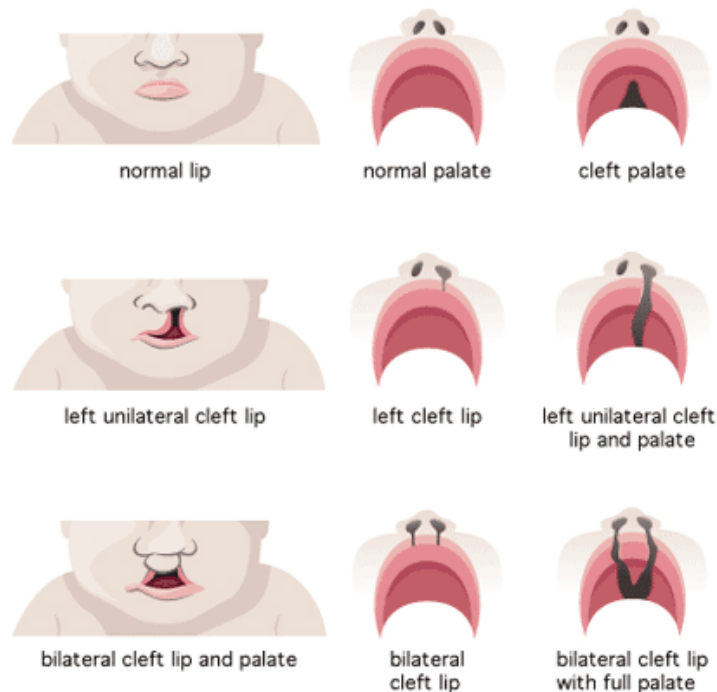
Unilateral Cleft Lip and Palate



Bilateral Cleft Lip and Palate

Defination:

The cleft lip and palate patient is mainly characterized by the presence of an oronasal communication, malformation or agenesis of the teeth close to the cleft, and deficient sagittal and transverse growth of the maxilla.



Aetiology:

The aetiology is complex and depends on genetic and environmental factors. Some authors argue that the cleft palate is caused by an alteration in the normal fusion process.

Prevalance:

Cleft lip and/or palate affects approximately 1 in 800 babies in India. These infants are prone to otitis media.

Feeding prosthesis:

Partial, removable feeding prosthesis with a separated silicone obturator is given at the age of 5 weeks but can be delayed according to the health of the baby. The infants that used the feeding prosthesis during the dietary meal times showed:

- 1) Better weight gain specially the first few months of life.
- 2) Acceptable body height.
- 3) The collapse of the maxilla was reduced and growth was maintained.
- 4) Incidence of airway infection and respiratory disorders were improved.
- 5) Gastric disorders became less.
- 6) Middle ear infection and incidence of otitis media were decreased.
- 7) The hemoglobin level became higher and the babies became fit for soft palate closure operation.
- 8) Comfortability and satisfaction of the parents and infants.

Surgery:

Although there are some differing schools of thought on the matter, most maxillofacial surgeons believe that the ideal patient age for undergoing cleft palate repair surgery is between 6 to 18 months of age (though the favored age for cleft lip repair is generally much earlier, at about 10 to 12 weeks old). This age appears to be advantageous partially because healing times are fast, the patient's memory of the recovery process is short, and the area around the cleft hasn't had much of a chance to develop surrounding tissues in an abnormal manner.

Following surgery to close a cleft lip and palate, in some cases, an oronasal fistula may remain in the palate (in the alveolar process or the labial vestibule) and cause problems with chewing, phonation, swallowing and breathing. Again here removable or fixed, metal or acrylic prosthesis with obturator is required.
